

Background Resources for the *Data Analytics Learning Collaborative*

This document presents a selection of briefs, reports, and commentaries on issues related to data analytics. These materials were distributed to participants in the *Medicaid and CHIP Data Analytics Learning Collaborative*. Some of the items provide background information on data collection and reporting methods and requirements, while others highlight emerging issues in data analysis. The materials listed reflect topics of interest to collaborative participants but are not intended to provide a comprehensive overview of Medicaid and CHIP data-analysis issues.

Measurement Development Topics

Measuring Eligibility and Enrollment

[Using Data to Drive State Improvement in Enrollment and Retention Performance—Robert Wood Johnson Foundation’s Maximizing Enrollment Program, November 2011](#). In this brief, the authors recommend 12 core performance measures to use in monitoring enrollment and retention of eligible individuals in programs such as Medicaid and CHIP. The brief includes definitions for constructing the measures and state examples showing the potential value of the measures.

[Performance Measurement Under Health Reform: Proposed Measures for Eligibility and Enrollment Systems and Key Issues and Trade-Offs to Consider—Kaiser Commission on Medicaid and the Uninsured, December 2011](#). This brief presents a list of potential performance measures and outlines key issues and trade-offs to consider when selecting and developing measures.

Measuring Quality-of-Care Outcomes

[The Department of Health and Human Services 2012: Annual Report on the Quality of Care for Children in Medicaid and CHIP—U.S. Department of Health and Human Services Secretary Kathleen Sebelius, December 2012](#). This report summarizes state-specific and national information on the quality of health care furnished to children under Medicaid and CHIP.

[Initial Core Set of Children’s Health Care Quality Measures: Technical Specification and Resource Manual for Federal Fiscal Year 2012 Reporting—Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services, November 2012](#). The purpose of this manual is to assist states in voluntarily reporting the initial core set of quality measures for children enrolled in Medicaid and CHIP. The manual provides background information about these measures; guidance for collecting, calculating, and reporting the measures; and technical specifications for each measure.

[Adult Health Care Quality Measures—Medicaid.gov](#). This website provides links to the initial core set of 26 health care quality measures for adults, released in January 2012 for voluntary use by Medicaid. The site also features additional background resources.

Measuring Service Use for Dual Eligibles and Long-Term Care Users

[*Studying Recipients of Long-Term Care Services and Supports: A Case Study in Assembling Medicaid and Medicare Claims and Assessment Data in California—California Medicaid Research Institute, November 2011.*](#) This report describes the process by which the California Medicaid Research Institute, in conjunction with state and federal partners, assembled an integrated and longitudinal database containing claims and assessment data from Medicare and Medicaid. The database will be used to describe long-term users of services and supports in California.

[*Medicare-Medicaid Enrollee State Profiles—CMS.gov, June 2012.*](#) This site provides links to state profiles that describe demographic characteristics, service utilization, and spending patterns for Medicare-Medicaid enrollees.

[*Medicaid Expenditures for Long-Term Services and Supports: 2011 Update—Thomson Reuters, October 2011.*](#) This report describes national trends in Medicaid spending on long-term services and supports.

[*Environmental Scan of Measures for Medicaid Title XIX Home and Community-Based Services: Final Report—Thomson Healthcare, June 2010.*](#) This report summarizes an environmental scan of existing and potential measures used to assess the quality of Medicaid home and community-based service programs. The measures focus on client functioning, client satisfaction, and program performance.

Measuring Emergency Department Use

[*NYU ED Algorithm—The Center for Health and Public Service Research.*](#) This website presents an algorithm that can be used to monitor trends in emergency department use at the population level. These trends are an indicator of access to primary care.

[*Dispelling Myths About Emergency Department Use: Majority of Medicaid Visits Are for Urgent or More Serious Symptoms—Center for Studying Health System Change, July 2012.*](#) This research brief presents data on symptom urgency and diagnoses among Medicaid patients who have used the emergency department.

Data Sources for Analyses of Medicaid and CHIP

Medicaid Statistical Information System (MSIS)

[*Medicaid Statistical Information System \(MSIS\) State Summary Datamarts—CMS.gov.*](#) This interactive, drag-and-drop tool allows users to create aggregate statistical tables covering a range of Medicaid program characteristics for fiscal years 1999–2011.

[*Medicaid and CHIP Statistical Information System \(MSIS\) File Specifications and Data Dictionary—Centers for Medicare & Medicaid Services, August 2010.*](#) This document contains the most recent technical specifications for MSIS files, including the full details on data elements and acceptable values for each element.

[*Reporting Person-Level Separate CHIP Data to MSIS: A Guide for States—Mathematica Policy Research, June 2012.*](#) This guide gives state stakeholders an overview of the MSIS data structure and submission process as well as guidance for reporting complete CHIP data to the system.

Medicaid Analytic eXtract (MAX)

General Information—CMS.gov. This web page includes announcements of recent reports produced using data from MAX, an enhanced, research-friendly version of MSIS. The “Downloads” section includes a slideshow introduction to MAX data as well as zip files containing all the documentation necessary to use MAX.

MAX Validation Reports—CMS.gov. MAX validation reports are available for all 50 states and the District of Columbia. The summary tables provide a wide variety of cost, enrollment, and utilization statistics on the Medicaid program.

MAX and Survey Linkages—CMS.gov. Researchers have linked MAX with the Medicare Current Beneficiary Survey to show a more complete picture of total Medicare and Medicaid expenditures, service use, and the health status of dually eligible enrollees. MAX has also been linked to four surveys, conducted by the National Center for Health Statistics, that provide data on health status and risk factors.

All-Payer Claims Databases (APCDs)

All-Payer Claims Databases: State Initiatives to Improve Health Care Transparency—The Commonwealth Fund, September 2010. This brief summarizes states’ efforts to increase data availability and transparency by establishing APCDs. The brief also discusses efforts to coordinate support for state APCD initiatives.

Standardization of Data Collection in All-Payer Claims Databases—All-Payer Claims Database Council, January 2011. This brief summarizes the benefits of, challenges to, and paths toward data standardization in developing APCDs.

ABOUT THE MAC COLLABORATIVES

This document was developed for the *Medicaid and CHIP Federally Facilitated Marketplace Eligibility and Enrollment Learning Collaborative*, one of a series of state-federal collaboratives being coordinated through the *Medicaid and CHIP Learning Collaboratives (MAC Collaboratives)*. The Centers for Medicare & Medicaid Services (CMS) established the *MAC Collaboratives* to achieve high-performing state health coverage programs, a goal that requires a robust working relationship between federal and state partners. The *MAC Collaboratives* are bringing together these partners to address common challenges and pursue innovations in Medicaid program design and operations as well as broader state health coverage efforts.

Visit the **MAC Collaboratives State Toolbox on Medicaid.gov** for products generated or used by the collaboratives, including technical assistance tools, state resources, and relevant background materials. The MAC Collaboratives are coordinated by Mathematica Policy Research, the Center for Health Care Strategies, and Manatt Health Solutions, with additional assistance from external experts and in close association with CMS. For more information, visit <http://www.Medicaid.gov>.